



County of Santa Cruz



HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 Emeline Ave., SANTA CRUZ, CA 95061-0962

TELEPHONE: (831) 454-4000 FAX: (831) 454-4488 TDD: Call 711

PUBLIC HEALTH ADVISORY

To:	Santa Cruz County Healthcare Providers
From:	Lisa B. Hernandez, MD, MPH, County Health Officer
Subject:	Updated Syphilis Screening Recommendations
Date:	October 24, 2024

Situational Update

The California Department of Public Health (CDPH) has issued updated syphilis serologic screening recommendations in response to the rising rates of syphilis and congenital syphilis across the state. In Santa Cruz County, we have observed concerning trends, particularly among female cases. Women represented approximately one-third of early syphilis cases in 2023. This proportion of female cases has continued to increase, which is of concern given the risk for congenital syphilis. In 2021, the county recorded 5 congenital syphilis cases. While our numbers have recently shown improvement, with only one case reported this year, maintaining this positive trend will require ongoing vigilance in screening and evaluation.

Background

- California experienced a significant increase in syphilis rates from 2020 to 2022
- In response, the CDPH STD Control Branch has updated its screening guidelines to address this ongoing epidemic

Key Recommendations

The new guidelines expand both the scope and frequency of screening compared to previous recommendations, with the goal of better controlling syphilis transmission and preventing congenital syphilis cases.

ACTIONS REQUESTED OF HEALTHCARE PROVIDERS

1. All sexually active persons 15-44 years old, regardless of gender identity or sexual orientation, should now be screened for syphilis at least once in their lifetime. Following the initial screen, CDPH recommends that syphilis screening be offered annually to all sexually active people 15-44 years old. More frequent screening should be considered for sexually active adults and adolescents of any age at increased risk of syphilis infection.
 - a. Individuals at increased risk for syphilis include men who have sex with men, persons with HIV or on HIV preexposure prophylaxis, pregnant people with late or limited prenatal care,

and people experiencing homelessness or unstable housing, methamphetamine use, incarceration (within the past year), or persons with a new/recent STI diagnosis.

2. Syphilis testing should be included whenever a person of any age is tested for HIV or other sexually transmitted infections, including mpox.
3. All pregnant persons, regardless of risk behaviors, should be screened for syphilis three times:
 - a. Once at confirmation of pregnancy or at the first prenatal encounter (ideally in the first trimester),
 - b. Early in the third trimester (at approximately 28 weeks gestation or as soon as possible thereafter), and
 - c. Again at delivery.
4. All persons 15-44 years old who enter a correctional facility should ideally be screened for syphilis, preferably at intake. If not completed at intake, syphilis screening should be done as close to intake as possible or included as part of the initial medical examination/health appraisal.
5. Emergency departments and hospital-affiliated urgent care clinics should screen all pregnant persons for syphilis prior to discharge if syphilis test results are not available for the current pregnancy. Healthcare providers are encouraged to empirically treat for syphilis while awaiting confirmatory testing, if clinically indicated, particularly if the likelihood of patient follow up is uncertain.
 - a. [Consider opt out testing and rapid tests](#)

Population or Setting	Former CDPH Recommendations	Updated CDPH Recommendations (2024)
Sexually active people	All sexually active people who could become pregnant should receive at least one lifetime screen for syphilis, with additional screening for those at increased risk.	<u>INCLUSIVE OF ALL GENDERS AND SEXUAL ORIENTATIONS:</u> All sexually active persons 15-44 years old should be screened for syphilis at least once in their lifetime and be offered screening annually thereafter. More frequent screening should be considered for sexually active adults and adolescents of any age at increased risk of syphilis infection.
During other STI screening	All sexually active people who could become pregnant should be screened for syphilis at the time of each HIV test.	Syphilis testing should be included whenever a person of any age is tested for HIV or other sexually transmitted infections, including mpox.
Pregnant persons	All pregnant persons should be screened for syphilis <u>at least twice during pregnancy</u> : once at either confirmation of pregnancy or at the first prenatal encounter (ideally during the first trimester) – and again during the third trimester (ideally between 28-32 weeks gestation), regardless of whether such testing was performed or offered during the first two trimesters. Patients should be screened for syphilis at delivery except those at low risk who have	All pregnant persons, regardless of risk behaviors, should be screened for syphilis three times: <ol style="list-style-type: none"> 1. Once at confirmation of pregnancy or at the first prenatal encounter (ideally in the first trimester), 2. Early in the third trimester (at approximately 28 weeks gestation or as soon as possible thereafter), and 3. Again at delivery.

	a documented negative screen in the third trimester.	
Correctional facilities	All people <u>who are or could become pregnant</u> entering an adult correctional facility <u>located in a local health jurisdiction with high-CS morbidity</u> should be screened for syphilis at intake, or as close to intake as feasible.	All persons <u>15-44 year old</u> who enter a correctional facility should ideally be screened for syphilis at intake. If not completed at intake, syphilis testing should be done as close to intake as possible or included as part of the initial medical examination/health appraisal.
Emergency departments & hospital-affiliated urgent care clinics	Emergency department (ED) providers in <u>local health jurisdictions with high-CS morbidity</u> should consider confirming the syphilis status of all pregnant patients prior to discharge, either via documented test results in pregnancy, or a syphilis test in the ED if documentation is unavailable.	<u>REGARDLESS OF LOCAL Congenital Syphilis RATES:</u> Emergency departments and hospital-affiliated urgent care clinics should screen all pregnant persons for syphilis prior to discharge if syphilis test results are not available for the current pregnancy

ADDITIONAL RESOURCES

- [California Department of Public Health \(CDPH\) Updates Syphilis Screening Recommendations 10/14/24](#)
- American College of Obstetricians and Gynecologist: [Practice Advisory: Screening for Syphilis in Pregnancy](#). April 2024. Accessed May 10, 2024.
- CDC: [Screening Recommendations and Considerations Referenced in the Treatment Guidelines and Original Sources](#). Accessed May 20, 2024.
- CDPH STD Control Branch: [California STI Screening Recommendations](#). Accessed May 10, 2024.
- FDA Drug Shortages: [Updates on Bicillin L-A, Injection Shortage](#)

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.